

(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
(Cir	ty/State/Zip/Phone	#)
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(Bu	siness Entity Name	e)
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(Do	cument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

10V 20 PM 3:

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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INHS18(10/99)

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

,		. NNN DOE	Campus 5 LLC			
1. The name of the limite	ed liability compar	ny is: ININI DCF	Campus 5, LLC			<u> </u>
2. The mailing address o	f the limited liabil	ity company is:				<u></u> .
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity	y Compliance Mana	ger, Santa Ana, CA	92705		·
9/19/2006			M06000005110			
3. Date of filing/registrat	ion in Florida		4. Document num	ber		
5. The name of the register Florida Department of		registered office a	address as shown or	n the records of	f the	
	Corporation Servi	ice Company				
		Name			_	
	1201 Hays Street			IA.	36	
		Address	•	F2	<u>S</u>	
Tallahassee, FL 32301			ASA	2	<u> </u>	
City, State and Zip		p	88	0		
6. The name and address of the new registered agent and/or office:		OF SI	06 NOV 20 PM 3: 18	O		
	NRAI Services, Inc	c.		RB		
	2731 Executive Pa	Name ark Drive, Suite 4		> '''	ω.	
	Florida street ac	ddress (P.O. Box N	NOT acceptable)			
	Weston	FL 33331				
	C	City, State and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited liability company.	hange or changes at the registered age reby confirmed the ded liability companied the limited liabi	are made, the Florent will be identical at the change(s) was otherwise lity company.	ida street address on the case of as/were authorized	f the registered f a Florida lim by an affirmat	l offic ited ive vo	te of
David I. Haman attances in A	f 1					
Paul J. Hagan, attorney-in-t						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NAAI Services (Inc.) (Signature of Registered Agent) Paul J. Hagan, Assistant So	intment as register is of all statutes re id accept the oblig this document is b i that the limited li	gations of my positive ing filed to merel iability company h	ee to act in this caper and complete per ion as registered as y reflect a change i as been notified in , Tallahassee, FL	gent as provide in the registere writing of this	r agre 1y dut 2d for 2d offic chang	e to ies, in ce }e.

FILING FEE: \$25.00